

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Applicant: Naoyuki MISAKA et al.

Title: IMAGE INPUT APPARATUS AND IMAGE PROCESSING
METHOD

Appl. No.: Unassigned

Filing Date: March 2, 2004

Examiner: Unknown

Art Unit: Unknown

**UTILITY PATENT APPLICATION
TRANSMITTAL**

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility
patent application of:

Naoyuki MISAKA
Hirokazu SHODA

Enclosed are:

- [X] Japanese Language Specification, Claim(s), and Abstract (21 pages).
- [X] Informal drawings (10 sheets, Figures 1-25).
- [X] Declaration and Power of Attorney (2 pages).
- [X] Assignment of the invention to KABUSHIKI KAISHA TOSHIBA and
TOSHIBA TEC KABUSHIKI KAISHA.
- [X] Assignment Recordation Cover Sheet.
- [X] Information Disclosure Statement.
- [X] Form PTO/SB/08 with copy of 1 listed reference(s).

13281 U.S. PTO
030204

Atty. Dkt. No. 016907-1608

 Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00	= \$770.00
Total Claims:	14	- 20	= 0	x \$18.00	= \$0.00
Independents	3	- 3	= 0	x \$86.00	= \$0.00
If any Multiple Dependent Claim(s) present:			+ \$290.00	= \$0.00	
			SUBTOTAL:	= \$770.00	
[] Small Entity Fees Apply (subtract ½ of above):				= \$0.00	
			TOTAL FILING FEE:	= \$770.00	
Assignment Recordation Fee:			+ \$40.00	= \$40.00	
Processing Fee under 37 CFR 1.17(i) for Late Filing of English Translation of Application:			+ \$130.00	= \$130.00	
TOTAL FEE				=	\$940.00

A check in the amount of \$940.00 to cover the filing fee, fee for late filing of translation and fee for recordation of Assignment is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By _____

Date March 2, 2004

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